



**IMMERSION, NATURE AND COMMUNITY SCHOOL**  
3701 E. MLK Blvd., Unit 2 and 3  
Austin, Tx. 78721  
(512) 669-2215

**ENROLLMENT FORM**

**General information**

Name of Child: \_\_\_\_\_

Date of Enrollment: \_\_\_ / \_\_\_ / \_\_\_

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Sex: M \_\_\_ F \_\_\_

Child lives with \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact during child care: \_\_\_\_\_

Other parent/partner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Preferred method of contact during child care: \_\_\_\_\_

School year: \_\_\_\_\_

**Please check which program you are enrolling your child in:**

Early drop off	7:45-8:45am	\$100/month for 11 month
5 days program	8:45 am- 2:30pm	\$ 900/month for 11 months
3 days program (T-W-Th)	8:45 am- 2:30pm	\$ 780/month for 11 months
2 days program (Mon-Fr)	8:45am- 2:30pm	\$600/month for 11 months
After care	2:30pm- 5:30pm	\$300/month for 11 months \$30/day drop in

K-2nd grade

Early drop off	7:45am-8:45am	\$100/month for 11 months
5 days program	8:45 am-2:30pm	\$900/month for 11 months
After school	2:30pm-5:30pm	\$300/month for 11 months \$30/day drop in

Payments are made by ACH draft. Families may have the option to pay by credit cards such as Visa, MasterCard, Discover, and American Express. Please note that a convenience fee of 2.75% to 3.5% is added to credit card transactions.

Tuition is not subject to adjustment because of illness or absence, nor for days school is closed for holidays, staff development days, bad weather, etc.

Tuition is due and payable on the first of each month. Payments made after the 3rd will incur a \$ 35 late fee. All programs require a minimum of 5 children signed up.

Families are asked to commit for an entire school year. To ensure consistency for the group, it is required that a family give two months notification. Tuition is paid during this time to allow for the group to find another family.

Annual registration/administrative fee: There is a yearly \$100 non-refundable registration and administrative fee upon enrollment or re-enrollment.

Security deposit: At the time of acceptance, a security deposit of \$500 must be paid. The deposit will be applied to the last month that the child is enrolled at Los Amiguitos. It will not be reimbursed if your child does not end up attending Los Amiguitos nor will it be applied to the last month your child attends if you do not give a two months notice of withdrawal.

Supply fee: There is a yearly non-refundable supply fee of \$250 per student or \$125 per semester. This enables us to have good quality Montessori materials as well as money for engaging projects and activities.

Late pick-up fee:

A late pickup fee of \$5.00 is incurred for every 5 minutes (or portion thereof) that a parent is late in picking up a child past the designated pickup time.

Consequence of non-payment:

The parent/guardian agrees that if payment of tuition and fees are not made in accordance with this agreement, Los Amiguitos shall have the right to refuse to admit the student and take legal action to collect the unpaid balance due.

Calendar: Los Amiguitos strives to offer children a calendar that fits their growing and learning needs by allowing for regular short breaks throughout the school year. This calendar has proven to increase positive engagement and learning while decreasing stress, sickness during the school year and needing to relearn and re transition after a long summer vacation. Please check the school year calendar for more precise vacation dates and days off.

Enrollment forms

Parents are responsible for completing enrollment forms prior to care. Forms include a Registration Form, Health Forms, Permission Form, Emergency and Medical authorization, Liability waivers, Off-site permissions and waivers, and a Child pick up authorization.

## Child's Health History

Are your Child's immunizations up to date? Yes ( ) No ( )

If no explain: \_\_\_\_\_

Does your child have any known health problems? Yes ( ) No ( ) If yes, explain

\_\_\_\_\_

Does your child have any known allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_  
\_\_\_\_\_

Please comment on any other medical information/or special need the child care provider should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

**PERMISSION FORMS**

I Hereby grant to Los Amiguitos to take pictures of my child and post them (please initial):

- \_\_\_ on Facebook private page
- \_\_\_ on Los Amiguitos Facebook page viewable by the general public.
- \_\_\_ on flyers

I hereby grant Los Amiguitos permission to apply to my child (Please initial):

- \_\_\_ Aloe (in case of mosquito bite)
- \_\_\_ Arnica cream (in case of a bump and/or bruise)
- \_\_\_ Lavender/tea tree oil (in case of an ant bite)
- \_\_\_ Sunscreen (provided by parents)
- \_\_\_ Insect repellent (provided by parents)

I hereby grant permission for my child to participate in (please initial):

- \_\_\_ Hikes and activities in the space and wooded area beyond the fence (children will be closely supervised at all times and nobody is allowed in the creek water).
- \_\_\_ Sprinkler
- \_\_\_ Games associated with water
- \_\_\_ Wading pool
- \_\_\_ Splash pad (field trip)
- \_\_\_ Swimming pool (field trip)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of my child \_\_\_\_\_, born on \_\_\_\_\_, participating as a student in Los Amiguitos LLC school, I \_\_\_\_\_, am fully aware of risks and hazards connected with activities while participating in Los Amiguitos LLC, and am fully aware that there may be risks and hazards unknown to me connected with being at a facility or on the premise of Friends Meeting of Austin while in connection with Los Amiguitos, LLC. I hereby elect to voluntarily participate in Los Amiguitos, LLC, to enter upon the premises of Friends Meeting of Austin used by Los Amiguitos LLC and engage in the activities, knowing that the conditions may be hazardous, or may become hazardous or dangerous to my child (or children) or any person or property in connection with my child's (or children).

I, individually, and on behalf of my minor child (or children), hereby waive, release, acquit and forever discharge Friends Meeting of Austin, its members; and Los Amiguitos LLC, its staff, students, children present and parent volunteers from any and all liability whatsoever for any and all damages, losses or injuries, including permanent disability or death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorneys fees, whether caused by the acts of negligence or otherwise, which arise out of, during or in connection with my child's (or children's) participation in the aforementioned activities, including but not limited to any damages, losses, or injuries to persons or property or both, which may be sustained or suffered by my child (or children) or any person in connection with my child's (or children's) association with, or participation in, activities at, sponsored by, or arising out of the school's participation, activities, on or off campus events, or happening on the grounds of Friends Meeting of Austin.

I further hereby agree to indemnify and save and hold harmless Los Amiguitos LLC and Friends Meeting of Austin, from any loss, liability, damage or costs they may incur due to my participation in Los Amiguitos, LLC and on the grounds of Friends Meeting of Austin or off site, whether caused by the negligence of any or all of the releases, or otherwise.

It is my express intent that this release shall bind the members of my family and spouse, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named releases.

I agree that this Waiver, Release and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the state of Texas and/or Travis County, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

COVID 19 - WAIVER OF LIABILITY

In consideration of my child (or children) \_\_\_\_\_, participating as a student(s) in Los Amiguitos school, I \_\_\_\_\_, parent or legal guardian of said child (or children), am fully aware of risks and hazards connected with activities while participating in Los Amiguitos, in particular during the pandemic of Covid19.

I consent and agree as follows:

1. Participation at Los Amiguitos LLC is completely voluntary and at our sole risk.
2. I am aware that Covid 19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious, and I understand the risks of having my child (or children) participate at Los Amiguitos, for my child, family and anyone we come in close contact with.
3. I further acknowledge being fully aware of the preventative measures that Los Amiguitos LLC has put in place to reduce the spread of the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread.
4. I further acknowledge that despite preventative measures Los Amiguitos LLC can not guarantee that my child will not become infected with the Coronavirus/Covid-19.
5. I, individually, and on behalf of my spouse or partner, and my minor child (or children), hereby waive, release, acquit and forever discharge Los Amiguitos LLC, its director, owner, staff, children present and parent volunteers from any and all claims, actions, suits, proceedings, damages, legal expenses, and liabilities whatsoever arising out of, connected with, or resulting directly or indirectly from exposure to or infection with COVID-19 before, during, or after my child's participation at Los Amiguitos LLC whether on school premises or not.

It is my express intent that this release shall bind the members of my family and spouse, and shall be deemed as a release, waiver, discharge, and covenant not to sue Los Amiguitos LLC.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

## OFF-SITE PERMISSIONS AND WAIVERS

During the course of the school year, Los Amiguitos will be taking several field trips and community outings. I understand transportation needs to be provided by my family or parent volunteers.

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, agree I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or other family members while participating in any off-site school program or activity, including transportation and off-site activities.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

*Please fill out and sign one of the following:*

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_, give permission for my child to ride in a vehicle driven by a parent of another student, or Los Amiguitos staff.

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, born on \_\_\_\_\_ allow my child to participate in field trips and community outings but my family will drive and accompany him/her.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date



## Child Pick-up Authorization

**Please indicate at least two people other than parents:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Any person(s) NOT authorized to pick up my child/children:

\_\_\_\_\_

\_\_\_\_\_

NOTE: We cannot withhold a child from a parent. If there are any custody and/or visitation issues that may cause conflict with the release of your child, you must include supporting legal documentation.

**EMERGENCY and MEDICAL AUTHORIZATION**

I, \_\_\_\_\_ (parent/guardian) of \_\_\_\_\_ (child) do hereby give permission to Los Amiguitos, my chosen school, to secure and authorize such emergency medical care and/or treatment as above-named child might require while under the supervision of said school. I further authorize said school to administer emergency care/treatment as required, until medical assistance is available and/or take my child to the closest hospital. I also agree to pay all costs and fees contingent of any emergency medical care and/or treatment for said child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency.

In the event of an emergency, it will be necessary to have the following information:

Child's Full Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Parent's emergency contact number \_\_\_\_\_

Other parent/partner's emergency contact number \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other emergency contact person: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Any known allergies or medical conditions of child: \_\_\_\_\_

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/ guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

## Acknowledgment of Policies

I, \_\_\_\_\_ (parent/guardian) have read the digital copy of the parent handbook. I agree to abide by all policies stated in the parent handbook. I understand that I will be notified in writing of any changes to these policies.

Parent/guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_